## FRATERNAL SOCIETIES

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
REQUIRED FILINGS IN THE STATE OF:	Filings Made During the Year 2016

(1) (2)		(3)	(4) NUMBER OF COPIES*			(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS			1		T	1
	1	Annual Statement (8 ½"x14")	XXX	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	XXX	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x 14")	XXX	EO	XXX	3/1	NAIC	
	10	II. NAIC SUPPLEMENTS			1	4.4	1 27.170	T
	10	Accident & Health Policy Experience Exhibit	XXX	EO	XXX	4/1	NAIC	
	11	Analysis of Annuity Operations by Lines of Business	XXX	EO	XXX	4/1	NAIC	
	12	Analysis of Increase in Annuity Reserves During Year	XXX	EO	XXX	4/1	NAIC	
	13	Health Care Exhibit (Parts 1, 2 and 3) Supplement	XXX	EO	XXX	4/1	NAIC	
	14	Health Care Exhibit's Allocation Report Supplement	XXX	EO	XXX	4/1	NAIC	
	15	Interest Sensitive Life Insurance Products Report	XXX	EO	XXX	4/1	NAIC	
	16	Investment Risk Interrogatories	XXX	EO	XXX	4/1	NAIC	
	17	Long-Term Care Experience Reporting Forms	XXX	EO	XXX	4/1	NAIC	ļ
	18	Management Discussion & Analysis	XXX	EO	XXX	4/1	Company	<b></b>
	19	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	XXX	EO	XXX	3/1 ,5/15, 8/15, 11/15	NAIC	
	21	Risk-Based Capital Report	XXX	EO	XXX	3/1	NAIC	
	22	Supplemental Compensation Exhibit	XXX	N/A	N/A	3/1	NAIC	
	23	Trusteed Surplus Statement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	24	XXX/AXXX Reinsurance Exhibit	XXX	EO	XXX	4/1	NAIC	
		Actuarial Related Items			I		<b>.</b>	
	25	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	XXX	EO	xxx	3/1	Company	
	26	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	XXX	EO	xxx	3/1	Company	
	27	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	XXX	EO	xxx	3/1	Company	
	28	Actuarial Certification regarding use 2001 Preferred Class Table	XXX	EO	xxx	3/1	Company	
	29	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	XXX	N/A	xxx	4/30	Company	
	30	Actuarial Opinion	vvv	EO	XXX	3/1	Company	+
	31	Actuarial Opinion on X-Factors	XXX	EO	XXX	3/1	Company	1
	32	Actuarial Opinion on X-ractors  Actuarial Opinion on Separate Accounts Funding		EU		J/ I	Company	1
		Guaranteed Minimum Benefit	XXX	EO	XXX	3/1	Company	
	33	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	XXX	ЕО	XXX	3/1	Company	
	34	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	XXX	EO	XXX	3/1	Company	
	35	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	XXX	EO	XXX	3/1	Company	
	36	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline	XXX	FO	XXX	2/1		
	37	XLIII  RAAIS required by Actuarial Opinion and Memorandum	XXX	EO N/A		3/1	Company	
	38	Regulation (Model 822), Section 7A(5)  Reasonableness of Assumptions Certification required by	XXX	N/A EO	XXX	3/15 3/1, 5/15, 8/15,	Company Company	
	39	Actuarial Guideline XXXV  Reasonableness & Consistency of Assumptions Contification required by Actuarial Guideline XXXV	XXX	EO	xxx	11/15 3/1, 5/15, 8/15,	Company	
	40	Certification required by Actuarial Guideline XXXV  Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	XXX	ЕО	XXX	11/15 3/1, 5/15, 8/15, 11/15	Company	

		1		T	1	1	
41	Reasonableness & Consistency of Assumptions	XXX	EO	XXX	3/1, 5/15, 8/15,	Company	
	Certification required by Actuarial Guideline XXXVI				11/15		
	(Updated Average Market Value)						
42	Reasonableness & Consistency of Assumptions	XXX	EO	XXX	3/1, 5/15, 8/15,	Company	
	Certification required by Actuarial Guideline XXXVI				11/15		
	(Updated Market Value)						
43	RBC Certification required under C-3 Phase I	XXX	EO	XXX	3/1	Company	
44	RBC Certification required under C-3 Phase II	XXX	EO	XXX	3/1	Company	
45	Statement on non-guaranteed elements – Exhibit 5 Int. #3	XXX	EO	XXX	3/1	Company	
46	Statement on participating/non-participating policies –	XXX	EO	XXX	3/1	Company	
40	Exhibit 5, Inter. #1&2	777	LO	ΛΛΛ	3/1	Company	
	Exhibit 5, inter. #102						
	HI ELECTRONIC EILING DEOLIDEMENTS			1		I	
60	III. ELECTRONIC FILING REQUIREMENTS		FO	1	2/1	NAIC	1
60	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
61	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
62	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
63	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
64	Separate Accounts Electronic Filing	XXX	EO	XXX	3/1	NAIC	
65	Separate Accounts .PDF Filing	XXX	EO	XXX	3/1	NAIC	
66	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
67	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
68	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15 & 11/15	NAIC	
69	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15 & 11/15	NAIC	
70	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
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	IV. AUDIT/INTERNAL CONTROL		l	1		1	
	RELATED REPORTS						
81	Accountants Letter of Qualifications	*****	ЕО	N/A	6/1	Commony	1
82		XXX	EO		6/1	Company	
	Audited Financial Reports	XXX		XXX	0/1	Company	
83	Audited Financial Reports Exemption Affidavit	XXX	N/A	N/A		Company	
84	Communication of Internal Control Related Matters	XXX				_	
	Noted in Audit		N/A	N/A	8/1	Company	
85	Independent CPA (change)	XXX	N/A	N/A		Company	
86	Management's Report of Internal Control Over Financial	XXX					
	Reporting		N/A	N/A	8/1	Company	
87	Notification of Adverse Financial Condition	XXX	N/A	N/A		Company	
88	Request for Exemption to File	XXX	N/A	N/A		Company	
89	Relief from the five-year rotation requirement for lead	XXX		XXX			
	audit partner		EO		3/1	Company	
90	Relief from the one-year cooling off period for	XXX		XXX			
	independent CPA		EO		3/1	Company	
91	Relief from the Requirements for Audit Committees	XXX	EO	XXX	3/1	Company	
	_						
	V. STATE REQUIRED FILINGS***				•		•
101	Certificate of Compliance	XXX	0	XXX		State	
102	Certificate of Deposit	XXX	0	XXX		State	1
103	Certificate of Valuation	XXX	0	1		State	
103	Filings Checklist (with Column 1 completed)	XXX	0	XXX		State	+
105	Premium Tax		0	See		State	See "D"
103	1 ICHIIUHI 1 dx	XXX	0	"D"		State	page 3
	1	I		_			page 3
				nage 4			
106	State Filing Fees	V	Λ	page 3		Stata	
106 107	State Filing Fees Signed Jurat	XXX XXX	0	page 3 xxx		State NAIC	

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

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		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person	Contacts:
		Kentucky Department of Insurance	Primary: Susan Perkins
		Financial Standards and Examination Division	Susan.Perkins@ky.gov
		215 West Main Street, P.O. Box 517	Secondary: Rodney Hugle
		Frankfort, KY 40601	Rodney.Hugle@ky.gov
		Phone Number: 502-564-6082	
		Division e-mail: DOI.FinancialStandardsMail@ky.gov	<b>Phone Number:</b> 502-564-6082
			Division e-mail
			DOI.FinancialStandardsMail@ky.gov
	В	Mailing Address For KY ELECTRONIC, Hand or Overnight	Mailing Address for <b>Regular Mail</b> :
		delivery:	Kentucky Department of Insurance
		Kentucky Department of Insurance	P.O. Box 517
		215 West Main St.	Frankfort, KY 40602-0517
		Frankfort, KY 40601	Attn. Financial Standards &
		Attn. Financial Standards & Examination Division	Examination Division
		Division e-mail	Division e-mail
		DOI.FinancialStandardsMail@ky.gov	DOI.FinancialStandardsMail@ky.gov
	C	Mailing Address for Filing Fees: <b>RENEWAL FEES PAID ONLINE.</b>	<ul> <li>Renewal fees paid online</li> </ul>
			<ul> <li>Other fees mailed to the address</li> </ul>
		To pay online, click on eServices on the Kentucky DOI website	above
		( <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a> ). Your Annual Statement contact person	
		should have the appropriate "USERNAME" and "PASSWORD" to	
		process the payment.	
	D	Mailing Address for Premium Tax Payments: (see below)	Post Office Box:
		Walning Address for Fremium Tax Layments. (see below)	Department of Revenue
		<b>PREMIUM TAX FORMS</b> can be accessed on the Dept. of Revenue's	P.O. Box 1303
		website (http://revenue.ky.gov/forms).	Frankfort, KY 40602-1303
		Click on "Current Year Forms."	OR
			Physical Address:
		NOTE:	Department of Revenue
		Please <u>DO NOT</u> Submit	501 High Street
		PREMIUM TAX payments to the	Frankfort, KY 40601
		KY Department of Insurance.	
		NT Department of mourance.	Phone Number: 502-564-4810
	Е	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	All filings must be postmarked no later
			than the indicated due date, regardless of
			the due date falling on a weekend or
			holiday.
	F	LACET CONTROL FOR LATER FOR INCOME.	C
	F	Late Filings: FINES FOR LATE FILINGS	Companies will be fined \$100 per day
			for ALL late filings, even in situations
			where a request for extension has been
			received in writing and approved. For
			all late filings received without
			extension approval, an additional civil
			penalty of \$1,000 may be assessed.
	G	Original Signatures: REQUIRED FOR DOMESTIC COMPANIES	Original signatures are required on
	J	Original Signatures. REQUIRED FOR DUNESTIC CONTAINES	ALL filings from <b>domestic companies</b> .
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		Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.
I	Signature/Notarization/Certification: REQUIRED BY KENTUCKY STATUTE	Per KRS 304.3-240(1)-shall be verified by oaths of a least two (2) of the insurers' principal officers.
I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies, amended items must be filed within ten (10) days of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
J	Exceptions from normal filings:	<b>Domestic companies</b> should apply for an exemption or extension at least thirty (30) days prior to the filing due date.
		Foreign companies must supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.
F	Bar Codes (State or NAIC):  REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
I	Signed Jurat:	Kentucky REQUIRES foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.
N	NONE Filings:  REFER TO http://insurance.ky.gov/	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
ı	Filings new, discontinued or modified materially since last year:	For ALL companies, please see "Note P" and "Note Q" below.
	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant's report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA):  Sandra Batts, EWA Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517

P	Kentucky Annual Filing Instructions:	For additional instructions, please see
		the attached Kentucky Annual Filing
	REFER TO http://insurance.ky.gov/	<b>Instructions</b> listed on the Kentucky
		Department of Insurance website. The
		instructions should appear directly above
		the NAIC checklists provided for each
		type of entity.
Q	Company's Responsibility to Review/Update their Information on	All companies should refer to the
	Kentucky Department of Insurance website:	Kentucky Department of Insurance
	****	website under "Company Info" to
	Website address: <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	review and verify their company
		information. If corrections or updates need to be made, companies should
		notify the Kentucky Department of
		Insurance by submitting the appropriate
		form(s) on the NAIC UCAA
		Corporation Amendments Application.
		Corporation randoments rapprocurion.
		Please be advised:
		*the Form 12 – deals with
		changes to the Service
		of Process.
		*the Form 14 – deals with
		address and contact
		changes.
		changes.
		*Biographical affidavits
		should ONLY be submitted for
		NEW Presidents.

# General Instructions For Companies to Use Checklist

**Please Note:** 

This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

#### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is .pdf files for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

#### Column (5) (Due Date)

Indicates the date on which the company must file the form.

#### Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

### Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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